

45th 1/13/13

11/26/2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 6LL021 Facility ID: TN8206 If continuation sheet Page 2 of 8

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 6LL021 Facility ID: TN8206 If continuation sheet Page 3 of 8

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/26/2012
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 052	<p>Continued From page 3</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: NFPA 72, 7-3.2.1 Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. Based on record review, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years (NPFA 72-7-3.2.1). The findings include: Record review on November 26, 2012 at 9:50 a.m confirmed there was no documentation to demonstrate the smoke detectors in the facility</p>	K 052	<ol style="list-style-type: none"> 1. Fire alarm company was notified 2. All residents have the potential to be Affected. Fire company was notified and date set for completion of testing. 3. Sensitivity testing of all smoke alarms will be done and any alarms that require adjustment or replacement will be calibrated or replaced. 4. Fire alarm system reports will be submitted by the Maintenance Dept. to the Safety committee for review and presented to the QA&A meeting at the regular monthly meeting. 	12/20/12	1/13/13

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K 052	Continued From page 4 had been tested for sensitivity. The fire alarm system report dated 7-24-12 stated "5 year sensitivity due." These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.	K 052			
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: NFPA 13 states: 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed. Based on record review, observation and interview, the facility failed to assure when quick response sprinkler heads were used, all sprinkler heads in that compartment were also quick response heads. NFPA 13 states: 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed. The findings include: Observation, record review, and interview with the Maintenance Director, on November 26, 2012 between 10:00 am and 2:20 pm confirmed quick response sprinkler heads were installed in areas	K 062	1. The 300 hall, 400 short hall, Central supply room, and 100/200 Nurses's Station sprinkler heads will be replaced by the appropriate heads to ensure compliance with NFPA. 2. All sprinkler heads in building will be checked to ensure they are in compliance with NFPA. 3. Sprinkler company was called and date set for removal and installing of sprinkler heads. Extra heads will be replaced with appropriate kind of heads to ensure ongoing compliance. 1/4/13 4. Maintenance Dept. will report to Safety at the regular monthly meeting and will present completed project information to the QA&Q regular monthly meeting. 1/13/13		

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K 062	Continued From page 5 where standard response heads were also installed in the 300 hall, 400 short hall, in Central Supply room, and by the 100/200 Nurses station. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.	K 062			
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation and interview, interview and record review, the facility failed to assure fire dampers were maintained every 4 years in accordance with NFPA 90A. The findings include: Record review and interview with the Maintenance Director on November 26, 2012 at 10:30 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.	K 067	1. Heating and Air conditioning company was called to set date for performing fire damper maintenance. 2. All residents have the potential to be affected. All fire dampers in building will be checked to ensure compliance with NFPA. 3. Ventilation company will perform required Maintenance on fire dampers to ensure Compliance with NFPA. 4. Results of completed maintenance of the Fire dampers will be reported to the Safety Committee at the regular monthly meeting And presented to QA&A at the regular monthly meeting.	12/21/12 1/13/13	

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NAME OF PROVIDER OR SUPPLIER

CAMBRIDGE HOUSE, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

**250 BELLEBROOK RD
BRISTOL, TN 37620**

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K 144 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F

Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This STANDARD is not met as evidenced by:
NFPA 110 - 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:

(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating

(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer

The date and time of day for required testing shall be decided by the owner, based on facility operations.

6-4.2.1

Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source.

6-4.2.2

Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30

K 144

1. Generator company called and Date set for a 2-hour load bank Test
2. All residents have the potential to be Affected. Generator 2-hour load bank Test will be preformed and annually Thereafter.
3. A two-hour load bank test will be performed and a log will be kept to indicate all generator testing in order to ensure compliance with NFPA. Maintenance Dept. employees will be inserviced as to the specifics of a 2-hour load bank test to ensure compliance with NFPA.
4. Completion report from the Generator company will be submitted to the Safety committee at the regular monthly meeting and presented to the QA&A at the regular monthly meeting.

1/11/13

1/13/13

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K 144	Continued From page 7 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. Based on observation and record review and interview, the facility failed to assure the emergency generator had an annual 2-hour load bank test performed. The findings include: Record review of the Emergency Generator logs with the Maintenance Director, on November 26, 2012 at 11:15 a.m. failed to show a 2-hour load bank test had ever been performed. During the testing of the emergency generator under load, on November 26, 2012 at 1:15 p.m. it was observed the generator load was less than 10 amps which is less than the 30% of rated capacity for a 50Kw generator. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.	K 144			